

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-046549

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1899

FILED JAN 2 1963

1. PLACE OF DEATH

a. COUNTY Greene

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Springfield

Length of stay in lb
few days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION D.O.A. Burgo Prot. Hosp.

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)

a. STATE Texas

b. COUNTY Tarrant

c. CITY OR TOWN Eulless

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
708 Oakwood

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print) First Albert

Middle J.

Last Harvey

4. DATE OF DEATH

Month December Day 24, Year 1962

5. SEX

Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
3-4-1923

9. AGE (last birthday)
39

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Trucking Supervisor

10b. KIND OF BUSINESS OR INDUSTRY
Air Field

11. BIRTHPLACE (City and state or country)
Baker, Montana

12. CITIZEN OF WHAT COUNTRY
U. S. A.

13a. FATHER'S NAME

Oscar Joseph Harvey

13b. MOTHER'S MAIDEN NAME

Mary C. Knoch

14. NAME OF HUSBAND OR WIFE

Pansy Harvey

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, yes unknown) (If yes, give war or dates of service)
U.S. A.

16. SOCIAL SECURITY NO.

17. INFORMANT

Address Pansy Harvey Eulless, Texas

18. CAUSE OF DEATH (Enter only one cause per line for each cause)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Presumed to be natural causes

INTERVAL BETWEEN ONSET AND DEATH
sudden

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

UNATTENDED BY A PHYSICIAN

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
Deceased was a known heart patient under the care of Dr. John Bida in Arlington, Texas. He was visiting here in

20c. TIME OF INJURY
Hour 10:30 a.m. Month, Day, Year 12-27-1962

Springfield when he had a sudden attack. Has medical record in V.A. Hospital.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from _____ to _____

10:30 a.m.

and last saw her/him alive on _____

Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

[Signature]

M.D. Greene County Health Dept
Greene County Health Officer

22b. ADDRESS

22c. DATE SIGNED

12-27-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE
12-27-1962

23c. NAME OF CEMETERY OR CREMATORY
National Cemetery

23d. LOCATION (City, town, or county)
Springfield

(State)
Missouri

24. FUNERAL DIRECTOR

ADDRESS Shglld., Mo.

25. DATE RECD. BY LOCAL REG.
12-28-62

26. REGISTRAR'S SIGNATURE

Effie E. Meeton

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

6397

28426

3

4 0

5 1

6

7 1

8 0

94344

10

11

172-5

13

JAN 2 1963

JAN 22 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Hal Roger Duff, Student Embalmer No. 677

working under my personal supervision.

Student

Hal Roger Duff
*Signature of Student Embalmer

Signed

Wmavon Duff
Licensed Embalmer No. 5159

P. O. Address Springfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

body received 12-24-65